

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. BAPP -	YEAR 2017
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APPLICATION FOR A PROBATIONARY PERMIT TO PRACTICE BODY ART

CASH ☐

CHECK ☐

NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$50.00

Non-Refundable File

Type of Practice: BODY PIERCING ☐ TATTOOING ☐ BOTH ☐ NEW APPLICANT ☐ RENEWAL ☐

Name of Individual: _____ Home Phone #: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Home Address: _____

Mailing Address (If different): _____

Name of Licensed Body Art Establishment Where Employed: _____

Name of Body Art Establishment Owner (If different): _____

Name of Approved Trainer: _____

Body Art Establishment Phone #: _____ Date: _____

NOTE: (A) INDIVIDUALS MUST PRACTICE IN A LICENSED BODY ART ESTABLISHMENT.
(B) IF THE INDIVIDUAL PERMIT HOLDER WILL BE PRACTICING BODY ART OUT OF HIS / HER ESTABLISHMENT, A SEPARATE ESTABLISHMENT APPLICATION MUST BE FILED AND A BODY ART ESTABLISHMENT LICENSE OBTAINED.

NOTE: FIRST TIME APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION WITH THIS APPLICATION:
(1) TRAINING – List Dates, Institutions and Contacts / References (Blood borne pathogen training, current first aid, CPR and anatomy training for body piercing applicants.)
(2) Dates and Places of Prior Employment as a Body Arts Practitioner
(3) Attach Letter from Approved Trainer recommending probationary status and listing allowable procedures.
(4) Present Photo I.D. at the Time of Application

(5) (a) Have you ever been convicted of any criminal offense? YES ☐ NO ☐
 (b) Are you currently under charges for any criminal offense? YES ☐ NO ☐
 (c) If "YES" to either of the above, give dates, list offenses and charges disposition (use application back if necessary).

I declare the above facts are true and complete to the best of my knowledge and belief. I further understand that any false or misleading answer(s) will be cause for denial or revocation of my Permit to Practice Body Art.

TAX ID or SOCIAL SECURITY NUMBER

Signature of practitioner applying for license

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

BODY ART PRACTITIONER HISTORY & INFORMATIONAL PAGE

(ONLY NEW APPLICANTS MUST complete this page for Board of Health Records).

TRAINING: List all relevant courses taken:

Name of Course _____ Date: _____

Institution _____ Contact/Reference _____ Phone # _____

Name of Course _____ Date: _____

Institution _____ Contact/Reference _____ Phone # _____

Name of Course _____ Date: _____

Institution _____ Contact/Reference _____ Phone # _____

Name of Course _____ Date: _____

Institution _____ Contact/Reference _____ Phone # _____

EXPERIENCE: List all prior Body Art Experience:

Name of Establishment: _____ Address _____

Date(s) of Employment _____ Reference: _____ Phone # _____

Name of Establishment: _____ Address _____

Date(s) of Employment _____ Reference: _____ Phone # _____

Name of Establishment _____ Address _____

Date(s) of Employment _____ Reference: _____ Phone # _____

Name of Establishment: _____ Address: _____

Date(s) of Employment _____ Reference: _____ Phone # _____

Criminal Convictions: List all prior criminal convictions:

Offense: _____ Date: _____

Location: _____

Offense: _____ Date: _____

Location: _____

Offense: _____ Date: _____

Location: _____

Offense: _____ Date: _____

Location: _____